

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/936040

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3							53						
4		3		1			54						
5		0					55						
6		0		1			56						
7		0					57						
8	1						58						
9		1					59						
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11		1					61						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	1		2				TOTAL						
TOTAL							IND.						
TOTAL							DEP.						
TOTAL							CLAIMS						